



STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue,
Baltimore, Maryland 21215 – 2299

Web Site: www.dhmh.maryland.gov/bswe

Phone Number: 410-764-4788

Toll Free: 1-877-526-2541

Fax: 410-358-2469

SUPERVISION REGISTRATION

July 2015

Dear Licensee:

Attached is the **SUPERVISION REGISTRATION** form which is to be submitted by a Licensed Certified Social Worker (LCSW) and a Licensed Certified Social Worker-Clinical (LCSW-C) to become a Board approved supervisor for Licensed Graduate Social Workers (LGSW) seeking advanced licensure. Be certain you understand the requirements as the **\$20 registration fee is non-refundable.**

Please be sure to review the entire regulation **COMAR 10.42.08 Supervision** which can be found on the Board's website under the "supervision tab." Below are two excerpts from COMAR 10.42.08 Supervision:

COMAR 10.42.08.02B(6) Supervision Training.

(a) "Supervision training" means a course or program designed to provide information regarding the supervision process utilized by social workers in a variety of settings. (b) "Supervision training" content areas may include, but are not limited to: (i) The role and responsibilities of the social work supervisor; (ii) The needs of the supervisee, supervisor, and the agency setting while maintaining a clear ethical perspective; (iii) The role of the social work supervisor as gatekeeper to the profession; (iv) Methods for building effective and appropriate relationships with clients; (v) Methods for group supervision; and (vi) Models and modalities for practice intervention. (c) "Supervision training" may be obtained in: (i) Category I; or (ii) Category II.

COMAR 10.42.08.04 Qualifications, Education, and Responsibilities of a Supervisor.

A. **Qualifications.** (1) License. (a) For social workers licensed by the Maryland Board of Social Work Examiners a supervisor shall hold an active license as a: (i) Certified Social Worker (LCSW); or (ii) Certified Social Worker-Clinical (LCSW-C). (b) For social workers licensed by an out-of-State licensing board, a Supervisor shall hold an active license comparable to the: (i) Certified Social Worker (LCSW); or (ii) Certified Social Worker-clinical (LCSW-C).

(2) **Education.** (a) Social workers licensed by the Maryland Board of Social Work shall have:

(i) One social work graduate course in supervision from a master's degree program accredited by the Council on Social Work Education; or (ii) 12 hours of agency-sponsored supervision training; or (iii) 12 credit hours of continuing education in social work supervision by a Board-authorized sponsor. (b) Social workers licensed as social workers by an out-of-State licensing Board at a level comparable to the LCSW or LCSW-C shall: (i) Have the same qualifications under §A(2)(a) of this regulation; or (ii) Complete the education requirement within 12 months of obtaining an LCSW or LCSW-C. (c) Supervision training required in §A(2)(a) of this regulation may be obtained in Category I or Category II and may include, but is not limited to: (i) The role and responsibilities of the social work supervisor; (ii) The needs of the supervisee, supervisor, and the agency setting while maintaining a clear ethical perspective; (iii) The role of the social work supervisor as gatekeeper to the profession; (iv) Methods for building effective and appropriate relationships with clients; (v) Methods for group supervision; and (vi) Models and modalities for practice intervention.

(3) **Experience.** A supervisor shall have completed: (a) 18 months of active social work experience after obtaining an LCSW or LCSW-C; (b) 18 months of active social work experience as a social worker licensed by an out-of-State licensing board at a level comparable to the LCSW or LCSW-C; (c) 60 months of social work experience as a licensed graduate social worker or its equivalent before obtaining an the LCSW or LCSW-C license; or (d) 96 months of social work experience as a licensed social work associate or its equivalent before obtaining the LCSW or LCSW-C license.

If you have any questions, please contact the Board office at 410-764-4788 or toll free at 1-877-526-2541 and ask to speak to the staff person assigned to supervision regulations.

INSTRUCTIONS FOR THE SUPERVISION REGISTRATION FORM

EXCEPT FOR SIGNATURES PLEASE **PRINT** ALL INFORMATION

FEE

Please submit a check or money order for \$20, payable to the Maryland Board of Social Work, along with the supervisor registration form.

NAME CHANGE

PLEASE NOTE: If your name is different from what is on file with the Board it will **NOT** be changed. Please include a copy of the legal documentation of a change in name. You can check your name on the Board's website by selecting the "License Verification" tab.

POSTAL ADDRESS – PHONE NUMBERS – EMAIL ADDRESS

PLEASE NOTE: If different from what is on file with the Board, your postal address, phone number(s), and email address will be changed to what is on the registration form.

RACE / ETHNIC IDENTIFICATION

Check all that apply.

American Indian or Alaska Native (A person having origins in any of the original peoples of North or South American, including Central America and who maintain tribal affiliations or community attachments)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Answer the question with a yes or a no.

Are you of Hispanic or Latino origin? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

EDUCATION

List the year the MSW degree was conferred, name of the University and State.

LICENSES HELD

List the Maryland social work license first and list all other licenses held (active, inactive or non-renewed) in ANY state.

TRAINING

Attach a copy of the MSW transcript which documents an academic course in social work supervision: and /or attach a copy or copies of continuing education certificates which document the completion of 12 credit hours in social work supervision.

EXPERIENCE

ONLY list the employment experience which meets the qualifications as listed under COMAR 10.42.08.04A3.

CURRENT EMPLOYMENT

This section does not apply if you are currently in a solo practice, unemployed or in between social work positions,

*** AFFIDAVIT OF AGENCY ADMINISTRATOR OR PERSONNEL OFFICER**

This section must be completed by an agency administrator or designee and should NOT be completed by the LCSW or LCSW-C supervisor.

5. LICENSEE'S AFFIDAVIT

Signatures should be original and in BLUE ink.



This side **MUST** be completed

TRAINING: #1 REVIEW COMAR 10.42.08.02B.(6) FOR **CONTENT AREAS** FOR SOCIAL WORK SUPERVISION TRAINING

#2 REVIEW COMAR 10.42.08.04A (2) (a) & (c) FOR DOCUMENTATION REQUIREMENTS

ATTACH A COPY: MSW TRANSCRIPT FOR SUPERVISION COURSE OR CERTIFICATES FROM SOCIAL WORK SUPERVISION TRAINING

DATE	SPONSOR OR MSW PROGRAM	TITLE	HOURS
Total Number of Hours			

SOCIAL WORKERS WHO HELD A LICENSE IN ANOTHER JURISDICTION, COMPARABLE TO THE LCSW OR LCSW-C, AND RECENTLY OBTAINED A MARYLAND LCSW OR LCSW-C: If you do not have the required training hours, you are eligible to obtain the hours within 12 months after obtaining an LCSW or LCSW-C in Maryland. COMAR 10.42.08.04 A (2) (b)(i)(ii)

EXPERIENCE: COMAR 10.42.08.04 A (1) & (3)

DATES OF SOCIAL WORK EMPLOYMENT SINCE **ADVANCED** LICENSURE IN MARYLAND OR ANOTHER JURISDICTION

From (mm/dd/yy)	To (mm/dd/yy)	Position Title	Agency Name	State

CURRENT EMPLOYMENT: INDEPENDENT/ SOLO ☐ Yes ☐ No IF NO THIS SECTION MUST BE COMPLETED.

Employer	Starting Date	Current Position
<hr/>		
Address	City	State Zip Code

AFFIDAVIT OF AGENCY ADMINISTRATOR OR PERSONNEL OFFICER:

I do hereby affirm that I have reviewed this registration form and the documentation provided by the registrant which verifies the information contained herein.

Name (Please Print): _____ Position/Title: _____

Administrator / Personnel Officer

Signature _____ Date: _____

LICENSEE'S AFFIDAVIT

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief. Furthermore, I voluntarily consent to a thorough review of my present and past employment and other activities for the purpose of verifying my qualifications.

Licensee's Signature _____ Date: _____

PLEASE **MAIL** (Do not FAX & Do not EMAIL) the following to the address below:

- 1) Completed, signed and dated Supervision Registration Form
- 2) Copy of official transcript for course or certificates for hours of Supervision training
- 3) **Supervision Registration Fee: \$20.00 check or money order payable to the Maryland Board of Social Work Examiners.**

Maryland Board of Social Work Examiners
4201 Patterson Avenue,
Baltimore MD 21215-2299